



Office of Executive Inspector General For the Illinois State Treasurer

COMPLAINT FORM

Please print clearly and return the completed form to: Office Executive Inspector General, Illinois State Treasurer, Marine Bank Building, 1 East Old State Capitol Plaza, Springfield, IL 62701. The form may also be emailed to oig@illinoistreasurer.gov or oeig@illinoistreasurer.gov.

The Office of the Executive Inspector General accepts anonymous complaints; *however, please note that the inability to contact you to discuss the complaint may hinder us from thoroughly reviewing and/or resolving your allegations.*

Contact Information:

Name _____ Date: _____

Date of Birth _____ Sex: ☐ M ☐ F

Address: _____
Street Address

City _____ State _____ Zip Code _____

Please circle preferred method(s) of contact:

Home Number: _____ Business Number: _____

Other Number: _____ E-Mail: _____

Are you a State of Illinois Employee? ☐ YES ☐ NO

If YES, which agency? _____

Is your complaint related to your state employment? ☐ YES ☐ NO

Complaint Information:

Is your complaint against an employee or vendor of the Office of the Illinois State Treasurer? ☐ YES ☐ NO

If NO, our office lacks the authority to review or investigate your complaint. The Office of Executive Inspector General for the Illinois State Treasurer is only authorized to investigate complaints relating to employees of the Illinois State Treasurer and vendors or others doing business with the Office of the Illinois State Treasurer.

Have you notified any other Federal, State, or local agency of your complaint? ☐ YES ☐ NO

If YES, with what agency did you file a complaint? _____

What is the complaint number? _____

Has your complaint been resolved? ☐ YES ☐ NO

If YES, briefly summarize the results: _____

Have you previously filed a complaint with the Office of the Executive Inspector General? ☐ YES ☐ NO

If YES, please list any known case number(s): _____

Is this complaint related to your previously filed complaint? ☐ YES ☐ NO

May we refer your complaint to the appropriate agency, if necessary? ☐ YES ☐ NO

(Once your complaint is referred, you may be contacted by that agency as part of its investigation)

If your complaint is referred, do you want your name and contact information removed? ☐ YES ☐ NO

Please provide as much detailed information as possible about the individual(s) you are complaining about.

Subject of Complaint's Name: _____ Phone: _____

Approximate Age: _____ Sex: ☐ M ☐ F

Address: _____
Street Address

City	State	Zip Code
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Please summarize your complaint, including the date and time of alleged incident(s). Please attach any documentation or other evidence in support of your complaint.

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Please list other person(s) who could be a witness to the complaint you have alleged:

Name	Any identifying information (Agency, Title, Telephone Number, Email, etc.)
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Marine Bank Building
1 East Old State Capitol Plaza
Springfield, IL 62701

Or Email the form to:

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Illinois law provides that the identity of any individual providing information to an Executive Inspector General shall be kept confidential and may not be disclosed without the consent of that individual or when disclosure of the individual's identity is otherwise required by law. 5 ILCS 430/20-90a. Illinois law states that any person who intentionally makes, to an Executive Inspector General, a false report alleging a violation of the State Officials and Employees Ethics Act is guilty of a Class A misdemeanor. 5 ILCS 430/50-5(d).